Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: Initial Amendment (Explain)		RECEIVEL 2012 JAN 31 PM 3:	FORM For Official Use Only
1. Candidate Information:		OFFICE OF	
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (CONTONAL) TY CLEENAL	(optional)
SELICH, EDWARD, D. STREET ADDRESS	( 949 ) 723.6383	( )CITY OF MEMPORT BEA	
	CITY	STATE ZIP CO	DDE
627 BAYSIDE DRIVE OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	CORONA DEL MAR	CA 9262	25
COLUMN		DISTRICT NUMBER, if applicable.	NON-PARTISAN
COUNCIL MEMBER CITY OF NEW	WPORT BEACH	5	PARTY:
State (Complete Part 2.)			
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	2012 (Year of Election)	
(CelPERS candidates, judges, judicial candidates, and candidates for local offices    Primary/general election   (Year of Election)	stated above.  election stated above.  or special election held on:	and I accept the voluntar	y expenditure ceiling for the
(Mark if epplicable)  On		election stated above.	
3. Verification:	1		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Executed on			